

## Corporate Information

Company Name: \_\_\_\_\_ Registration #: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_

## Legal Status

Type of Organization: \_\_\_\_\_ (public/private corporation, LLC, etc.)  
Division of: \_\_\_\_\_ Subsidiary of: \_\_\_\_\_  
Date incorporated: \_\_\_\_\_ Country of incorporation: \_\_\_\_\_

## Contact Information (Company Officers)

President/CEO: \_\_\_\_\_ Email: \_\_\_\_\_  
COO/Operations: \_\_\_\_\_ Email: \_\_\_\_\_  
Sales Director: \_\_\_\_\_ Email: \_\_\_\_\_  
Marketing Director: \_\_\_\_\_ Email: \_\_\_\_\_  
Technical Director: \_\_\_\_\_ Email: \_\_\_\_\_

## Company Information

Number of Full Time Employees: \_\_\_\_\_  
Number of Sales Personnel: \_\_\_\_\_  
Number of Field Engineers: \_\_\_\_\_  
Number of Cisco-certified Engineers: \_\_\_\_\_  
Total Company Annual Revenue: \_\_\_\_\_  
Total revenue from Wireless Equipment Sales: \_\_\_\_\_

## Primary Business:

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="radio"/> Reseller    | <input type="radio"/> System Integrator | <input type="radio"/> Service Provider |
| <input type="radio"/> Distributor | <input type="radio"/> Direct Marketer   | <input type="radio"/> OEM              |

## What markets do you address? (please check all that apply)

<input type="checkbox"/> Government	<input type="checkbox"/> Utilities	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Carrier
<input type="checkbox"/> Communications	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance	<input type="checkbox"/> Banking
<input type="checkbox"/> Health Care	<input type="checkbox"/> Transportation	<input type="checkbox"/> Education	<input type="checkbox"/> Security/Surveillance
<input type="checkbox"/> Other			

Do you currently sell other wireless, BWA or WiMAX product lines? If yes, please provide a list of those companies and approximate annual sales volumes in USD your company is doing with those companies:

\_\_\_\_\_

\_\_\_\_\_

Please describe how your company differentiates itself versus competition in your local markets. What specific value will your company provide to InfiNet Wireless to promote market and sell our products in your local markets?

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Please describe your “Go to Market” business model plans for promoting, marketing and selling InfiNet Wireless products in your local markets? What specific results do you plan on achieving for InfiNet Wireless products in your markets in the first 6 months of business?

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Please have an authorized representative of your company (one of the representatives listed above in this application) sign to express your company’s desire to become an InfiNet Partner and to attest to the fact that the information provided herein in true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Scan/Email: [sales@infinetwireless.com](mailto:sales@infinetwireless.com)

Attention of: InfiNet Partner Program Manager